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**FORM VA-5**  
(DOC ID 355)

**Please do not  
fold or staple**

**Make Check or Money Order Payable to:**  
**VA Department of Taxation**  
**P.O. BOX 27264, RICHMOND, VA 23261-7264**  
**FOR INFORMATION CALL (804) 367-8037**

1. VA Income Tax Withheld

2. Previous Period(s)  
Adjustments  
(See Instructions)

3. Adjusted  
Total

4. Penalty  
(See Instructions)

5. Interest  
(See Instructions)

6. Total Amount Due

# EMPLOYER'S RETURN OF VIRGINIA INCOME TAX WITHHELD

0000000000 3005100 000000

FOR PERIOD ENDING

DUE DATE

ACCOUNT NUMBER

FEIN NUMBER

2610065 Rev. 9/02

I declare that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

SIGNATURE

DATE \_\_\_\_\_

TELEPHONE NUMBER